

HOUSE BILL 65

By Fincher

AN ACT to amend Tennessee Code Annotated, Title 56,
Chapter 7, relative to autism spectrum disorders.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Section 56-7-2367, is amended by deleting the section in its entirety and by substituting instead the following:

(a) As used in this section:

(1) "Autism spectrum disorders" means one of the three following disorders as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association:

(A) Autistic disorder;

(B) Asperger's syndrome; and

(C) Pervasive developmental disorder—not otherwise specified;

and

(2) "Behavioral therapy" means interactive therapies derived from evidence based research, including applied behavior analysis, which includes discrete trial training, pivotal response training, intensive intervention programs and early intensive behavioral intervention.

(b) A contract or policy of an insurer that provides benefits for neurological disorders, whether under an individual or group health insurance policy providing coverage on an expense-incurred basis, an individual or group service contract issued by a health maintenance organization, a self-insured group arrangement to the extent not preempted by federal law or a managed health care delivery entity of any type or

description shall provide benefits and coverage for treatment of autism spectrum disorder. Coverage provided under this section is limited to treatment that is prescribed by the insured's treating medical doctor in accordance with a treatment plan.

(c) The coverage required pursuant to subsection (b) must not be subject to dollar limits, deductibles, or coinsurance provisions that are less favorable to an insured than the dollar limits, deductibles, or coinsurance provisions that apply to physical illness generally under the health insurance plan, except as otherwise provided for in subsection (c). However, the coverage required pursuant to subsection (b) may be subject to other general exclusions and limitations of the health insurance plan, including, but not limited to, coordination of benefits, participating provider requirements, restrictions on services provided by family or household members, utilization review of health care services including review of medical necessity, case management, and other managed care provisions.

(d) The treatment plan required pursuant to subsection (b) must include all elements necessary for the health insurance plan to appropriately pay claims. These elements include, but are not limited to, a diagnosis, proposed treatment by type, frequency, and duration of treatment, the anticipated outcomes stated as goals, the frequency by which the treatment plan will be updated, and the treating medical doctor's signature. The health insurance plan may only request an updated treatment plan once every six (6) months from the treating medical doctor to review medical necessity, unless the health insurance plan and the treating medical doctor agree that a more frequent review is necessary due to emerging clinical circumstances.

(e) To be eligible for benefits and coverage under this section, an individual must be diagnosed with autistic spectrum disorder at age eight (8) or younger. The benefits and coverage provided pursuant to this section must be provided to any eligible person

under sixteen (16) years of age. Coverage for behavioral therapy is subject to a fifty thousand dollar (\$50,000) maximum benefit per year. Beginning one (1) year after the effective date of this act, this maximum benefit shall be adjusted annually on January 1 of each calendar year to reflect any change from the previous year in the current Consumer Price Index, All Urban Consumers, as published by the United States Department of Labor's Bureau of Labor Statistics.

(f) Benefits provided for treatment of autism spectrum disorders shall be subject to deductible and copayment requirements and benefit limits that are no more stringent than those established for the treatment of other neurological disorders.

(g) An insurer shall not refuse to renew policies, reissue policies, or otherwise terminate or restrict services to a person solely because the person is diagnosed with an autism spectrum disorder.

(h) This section shall be effective upon any contract, policy, or plan that is delivered, issued for delivery, amended or renewed on or after January 1, 2010.

(i) Nothing in this section shall apply to accident-only, specified disease, hospital indemnity, medicare supplement, long-term care, or other limited benefit hospital insurance policies. This section shall not apply to an individual contract or policy or to a contract, plan or policy for a small employer as defined in § 56-7-2203.

(j) This section apply to group insurance offered under title 8, chapter 27, part 2.

SECTION 2. This act shall take effect January 1, 2010, the public welfare requiring it. This act shall apply to policies and contracts entered into or renewed on and after January 1, 2010.